## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 or Fax

anneanciata All further con	rm should be used for tran rrespondence including the below or directed otherwise ns.	Patent advance or	ders and not	itication of maintena	nce tees '	vill be mailed	to the current	correspondence address as
	CE ADDRESS (Note: Use Block I for 590 01/18/2005	any change of address)	OIPE	Fee(s) Trans	smittal. Tl h addition n certificat	nis certificate c al paper, such e of mailing or	annot be used as an assignme	or domestic mailings of the for any other accompanying ent or formal drawing, must
P.O. BOX 55874 04/14P265FQPEXAMA2020	ggg027 041105 10019	1	PR 1 5 200	States Posta addressed to	tify that to I Service on the Ma	his Fee(s) Tran with sufficient il Ston ISSUF	smittal is bein postage for fir FEE address	g deposited with the United st class mail in an envelope above, or being facsimile date indicated below.
11 FC:2501 700.	.00 DA .00 DA	E A	IN 1 3 230	Safiya	a Jarv	vis		(Depositor's name)
01 FC:2501 /00. 02 FC:8001 30.	.00 Nu	3,		<b>E</b>	1/2			(Signature)
,		1.0	PADENTE	April	15.	2005		(Date)
APPLICATION NO.	FILING DATE		FIRST NAME	D INVENTOR		ATTORNEY	DOCKET NO.	CONFIRMATION NO.
10/019,265	11/13/2001			Carl				1326
TITLE OF INVENTION: S	YSTEMS AND METHODS	FOR SPINAL FIX	KATION					
APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE	PUBLICATION FEE TO			EE(S) DUE	DATE DUE
nonprovisional	YES	\$700		\$0	\$0 \$			04/18/2005
EXAN	MINER	ART UNIT		CLASS-SUBCL	CLASS-SUBCLASS			
PRIDDY, N	MICHAEL B	3732		606-061000	)			
CFR 1.363).	e address or indication of "Fo		(1) the na	nting on the patent from mes of up to 3 registors, alternatively,			*	F. Corless
Address form PTO/SB/1	22) attached.		(2) the na	me of a single firm (l			<sub>2</sub> Willian	n J. Daley, Jr.
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Cust Number is required.			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  3Edward				3 Edwards	s & Angell, LLP
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATEN	Γ (print or type)		*******		
PLEASE NOTE: Unless recordation as set forth in	s an assignee is identified be a 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will app Γa substitute	ear on the patent. If for filing an assignment	f an assignent.	nee is identifie	d below, the d	locument has been filed for
(A) NAME OF ASSIGN	EE .	(B	) RESIDENC	CE: (CITY and STAT	E OR CO	UNTRY)		
Spray Ventu	re Partners	1	Newton,	MA				
Please check the appropriate	e assignee category or catego	ries (will not be pri	inted on the p	atent): 🔲 Individ	ual 🔼 C	orporation or o	ther private gr	oup entity Government
4a. The following fee(s) are	enclosed:	4b	. Payment of	` '				_
Issue Fee			_	in the amount of the				
	small entity discount permitte	ed)		by credit card. Form				
Advance Order - # or	f Copies 10		Deposit Acc	ector is hereby authorount Number 04-1	rized by o	harge the requestion (end	ured fee(s), or close an extra c	credit any overpayment, to copy of this form).
	(from status indicated above MALL ENTITY status. See		☐ b. Applic	ant is no longer clain	ning SMA	LL ENTITY s	tatus. See 37 C	FR 1.27(g)(2).
The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the reco	is requested to apply the Issu tublication Fee (if required) vords of the United States Pate	ne Fee and Publicate vill not be accepted and Trademark	tion Fee (if ar I from anyone Office.	ny) or to re-apply any e other than the applic	previous cant; a reg	ly paid issue fe istered attorne	e to the applica y or agent; or th	ation identified above. he assignee or other party in
Authorized Signature	William 1	Dale	<b>S</b> • •	. D	ate Apr	il 15,		
Typed or printed name	illiam J. Daley	7, Jr.	•	Re	egistration	35,48	<i>(</i>	

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Application No. (if known): 10/019,265

Attorney Docket No.: 49386CIP(71995)

## Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EV 493499613 US in an envelope addressed to:

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

on	April 15, 2005			
	Date			

Signature
Safiya Jarvis
Typed or printed name of person signing Certificate

(617) 439-4444
Registration Number, if applicable
Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Fee Transmittal (1 page)

Form PTOL-85

Charge \$730.00 to deposit account 04-1105

Return Receipt Postcard

PTO/SB/17 (12-04v2)
Approved for use through 7/31/2006, OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.				Complete if Known						
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			). App	Application Number 10/019,265						
FEE TRANSMITTAL				g Date		November 13, 2001				
			Firs	t Named Inv	entor	Allen Carl				
For FY 2005				miner Name		M. B. Priddy				
X Applicant claims smal	l entity status.	See 37 CFR 1.27	Art l	Unit		3732				
TOTAL AMOUNT OF PAYMENT (\$) 730.00				Attorney Docket No. 49386CIP(71)			995)	995)		
METHOD OF PAYMEN	T (check all	that apply)								
Check Credit C	Card	Money Order	Vone	Other (	please ide	ntify):				
X Deposit Account Depo	osit Account Num	ber: 04-1105 Deposit	Account N	ame:	E	dwards & Ang	ell, LLP			
For the above-iden	tified deposit	account, the Director	r is here	by authorize	d to: (che	eck all that apply	)			
x Charge fee(s	) indicated be	elow		Charge	e fee(s) ir	ndicated below,	except for the	e filing fee		
X Charge any a fee(s) under		(s) or underpayment	of	x Credit	any over	payments				
FEE CALCULATION							_			
1. BASIC FILING, SEARCH	I, AND EXA	MINATION FEES								
	FILIN	IG FEES S Small Entity		H FEES	EXAM	NATION FEES Small Entity	3			
Application Type	Fee (\$)	Fee (\$) Fee		Fee (\$)	Fee (\$)		Fees Pa	aid (\$)		
Utility	300	150 50	0	250	200	100				
Design	200	100 10	0	50	130	65				
Plant	200	100 30	0	150	160	80				
Reissue	300	150 50	0	250	600	300		<del> </del>		
Provisional	200	100	0	0	0	0				
2. EXCESS CLAIM FEES							_	Small Entity		
Fee Description							<u>Fee (\$)</u>	Fee (\$)		
Each claim over 20 (includ	•	•					50	25		
Each independent claim ov	er 3 (includi	ng Reissues)					200	100		
Multiple dependent claims		_		•	_		360	180		
	Claims _	Fee (\$) Fe	e Paid (	\$)	-	Multiple Depend				
78 - 101	× -	=			<u> </u>	ee (\$)	Fee Paid (\$)			
		Fee (\$) Fe	e Paid (	\$)		-	•	-		
13 - 14 =	× _	<b>-</b>								
3. APPLICATION SIZE FEI If the specification and dr. listings under 37 CFR	awings exceed 1.52(e)), the	application size fee	due is \$	250 (\$125 f						
sheets or fraction there						(0)	C D	-:! ( <b>6</b> )		
	xtra Sheets	Number of each					ree Pa	aid (\$)		
4. OTHER FEE(S)			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- ap 10 a mil0	Heribel	, °	Fees P	Paid (\$)		
Non-English Specificati	on, \$130 fe	e (no small entity di	scount)							
Other (e.g., late filing su	ircharge): 2	501 Utility issue fer	a f naton	two color				0.00		

SUBMITTED BY		. ^				
Signature	William 1	Sales	Registration No. (Attorney/Agent)	35,487	Telephone	(617) 439-4444
Name (Print/Type)	William J. Daley, Jr.	•0	•		Date	April 15, 2005